

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/24
O.I.P.E. CLASSIFIER		4/3	10/28/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	OK	10/29	

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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